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CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):
1. PREMIER NO	JRSING SERVICES INC.
2. (Corporation Name)	(Document #)
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Fictitious Name	Limited Partnership
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Other

Examiner's Initials

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ARTICLES OF INCORPORATION

03 JUL 25 PM 1:

SECRETARY OF STATE Undersigned Incorporator(s), for the purpose of forming dallahassee, flow corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: Premier Nursing
Services inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1980 S. Ocean Dr 11 p Hallandale FL. 33009

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rodolfo Quiala 1980 s. Ocen Dr 11 p. Hallandale FL 33009

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles	s of		
Incorporation is:			
Rodolfo Quiala			
1988 S. OCean Dr 11 12	ZE SE	8	
Rodolfo Quiala 1980s. Ocean Dr 11 R Hallandale F1 33009	CR	<u>~</u>	. •
The undersigned incorporator has executed these Articles of	HE S	₹ 2	
Incorporation this 24 day of	SEY	တို	
dilli.	E OF		
Signature	07. 1.S		
Og	RATE	29	
	>	_	

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Rodolfo Quiula Cpresident) 1980 s. Ocean Dr 11p. Hallandale F1 33009

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature